*

								Application or Docket Number						
RATENT APPLICATION FEE DETERMINATION RECOF														
Effective October 1, 2003									106.35405					
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN			
F	OTAL CLAIMS		(Column 1) (Column 2)				١.	TYPE			SMALL	ENTITY		
_					ļ			RATE	FEE]	RATE	FEE		
⊩	OR		NUMBER FILED		NUM	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00		
⊩		ABLE CLAIMS	/ minus 20=		•	20		X\$ 9=		OR	X\$18=			
⊩	DEPENDENT (/ minus 3 =		<u> </u>	3		X43=		OR	X86≠			
Ľ	ULTIPLE DEPE	NDENT CLAIM F	RESENT [+145=	(OR	+290=	-		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	 	OR	TOTAL	770		
CLAIMS AS AMENDED - PART II										J	OTHER			
		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL			
AMENDMENTA		REMAINING AFTER		HIGHI NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
	<u> </u>	AMENDMENT		PAID	OR	CAIRA			FEE			FEE		
	Total	10	Minus	-	90.	=		X\$ 9=		OR	X\$18=	1		
MA	Independent	NTATION OF M	Minus	DENIDENT.	<u> </u>	•		X43=		OR	X86=	/ /		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
								TOTAL		OR	YOTAL ADDIT, FEE	'		
		(Column 1) (Column 2) (Column 3)							-	4 "	7.0011.1 CL			
AMENOMENT B		CLAIMS REMAINING		HIGHE		PRESENT	1 [ADDI-			ADDI-		
		AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	TIONAL		RATE	TIONAL FEE		
	Total	12	Minus	- 2	0	= /		X\$ 9=		ОЯ	X\$18=	1		
	Independent	NTATION OF M	Minus	PENDENT	3 CLAIM	* /		X43=		OR	X86=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	OR	+290=			
								TOTAL		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colum	in 2)	(Column 3)		55			, , , , , , , , , , , , , , , , , , , ,			
v	`	CLAIMS REMAINING		HIGHE	ST	PRESENT	Γ		ADDI-	1		ADDI-		
AMENDMENT C		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
NO N	Total	•	Minus	44		•	T	X\$ 9=		OR	X\$18=			
ME	Independent	•	Minus	****		=		X43=			X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 -	OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE			
7	he "Highest Num	mper Previously Paid ber Previously Paid	For (Total or	5 SPACE is Independer	ness that nt) is the	n 3. enter "3." highest number	foun	d in the ap	propriate box	in coli	umn 1.			

FORM PTO-875 (Rev. 10/03)

Pateri and Trademark Office, U.S. DEPARTMENT OF COMMERCE